

Congregational/Community Health Promoter Application

**** Please print and answer questions completely ****

Submit this completed application to your local FCN department for processing. Congregation/Community Health Promoter training may be offered in person or virtually. Virtual classes require a basic understanding of internet access and virtual learning via computer camera and audio

Last Name First Name Middle Initial Date

Mailing Address

E-mail Address Home Phone Cell Phone

Faith/Community Partner Number of Members

Faith/Community Partner Phone Number Faith/Community Partner Address

Faith/Community Partner Lead

In case of an emergency please notify: _____
Emergency Contact Primary/Secondary Phone Numbers

If Professionally Licensed, please provide profession

Type: ☐ License ☐ Certification ☐ Registration

State: _____ Number: _____ Expiration Date: _____

Use space below to briefly explain why you are interested in becoming a Congregational Health Promoter with your Faith/Community Partner.